



Maryland Department of Human Services
 Office of Licensing and Monitoring
 311 W. Saratoga Street
 Baltimore, Maryland 21201
 Office: 410.767.7871 Fax: 410.333.8408

RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Our House, Inc.

Licensing Agency: DHS

Contracting Agency(s): DHS, DJS, DYRS

Program Administrator: Sheree Moore

Certification#A00274

Exp. Date:12/31/19

Type of Inspection: Quarterly

Site Name	Gender	Age Range	License Capacity	DHS Contract Limit	License#/ Exp. date	Date of site Inspection
Main Campus	Males	16-21	16	6	# 00279 03/25/20	12/6/18

Inspection Summary

Number of Records Reviewed: Youth 4 Staff 8

Number of Interviews: Youth 3 Staff 0

Physical Plant Inspection: Approved

COMAR Violation: Yes X No

If Yes, list Cited Violation(s) below:

Violation(s)	Findings
14.31.06.13.G	2 of 4 records reviewed did not have youth immunizations in the record
14.31.06.13H	1 of 4 records reviewed did not have a physical exam in the record
14.31.06.13E	3 of 4 records reviewed did not have dental exam documentation in the record
14.31.06.05A(2)(l)	1 of 8 records reviewed did not have orientation documentation.
14.31.06.06	1 of 8 records reviewed did not have documentation of education
14.31.06.05.E(1)(a)	1 of 8 records reviewed did not have documentation in the record
14.31.06.05.E(1)(b)(i)(ii)(iii)	1 of 8 records reviewed did not have documentation in the record
14.31.06.05.E(1)(e)	4 of 8 records reviewed did not have FBI or MD background checks
14.31.06.05.E(1)(f)	1 of 8 records reviewed did not have CPS background checks
14.31.06.05F(1)	6 of 8 records reviewed did not have documentation of 40 hours of training
14.31.06.15G(f)	3 of 8 records did not have Behavior Intervention Training documentation in the record
14.31.06.05E(1)(c)	5 of 8 records did not have staff medical evaluations
14.31.06.05.E(1)(d)	3 of 8 records did not have documentation of a current TB test
14.31.06.05E(1)(i)	2 of 8 records did not have documentation of current CPR certification
14.31.06.05F	3 of 8 records did not have documentation of current First Aid certification
14.31.06.05E(1)(m)	1 of 8 records reviewed did not have documentation of annual performance evaluations
14.31.06.05D(l)	1 of 8 records did not have a job description
14.31.06.05E(1)(h)	4 of 7 DCS records did not have RCYCP certification in the record
14.31.06.05D(1)(g)	2 of 8 records reviewed did not have an I-9 in the record
14.31.06.05E(1)(l)	3 of 8 records did not have an updated driving record

Corrective Action Plan: Yes X No ____

If yes, date of CAP: 12/6/18

Complaint Outcome: NA

Current Status of License: Continued

Licensing

Coordinator: Patricia Sparrow

Date: 12/27/18

Email: Patricia.sparrow@maryland.gov

Program Manager: Andre Thomas

Date: 12/28/18

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